

N. E.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154
Registered No. 7

1. PLACE OF BIRTH

County Lila State _____
District or Township St. Louis (or Village) _____
City _____ No. Lila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Lee Hoover { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Jan 17, 1929
Month Day Year

8. Full name FATHER Earl E. Hoover

14. Full maiden name MOTHER Christy Elizabeth Kingsbury

9. Residence (Usual place of abode) Miami, Fla.
If non-resident, give place and state.

15. Residence (Usual place of abode) Kingsbury, Miami, Fla.
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 30 (Years)

16. Color or race white 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Carthage, Mo.
(State or country)

18. Birthplace (city or place) Carthage, Mo.
(State or country)

13. Occupation Chauffeur
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4:10 P m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Dism
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year 2-89-117-458
Registrar

Address Miami, Fla.
Filed 2/10 1929 E. E. McLaughlin - Int'l
Registrar